

DCFS REALLOCATION REQUEST FORM

Employee Name:			
Requested Effective Date:		Personnel #:	
Select the following option that applies:			
	Reallocation in Career Progression Group (CPG)		
	Reallocation based on updated SF-3 (must be attached)		

UPDATED APPLICATION MUST BE ATTACHED FOR ALL REQUESTS*

REALLOCATION INFORMATION & PAY CHANGE				
	CURRENT		PROPOSED	
JOB TITLE				
JOB CODE				
POSITION NUMBER			NO CHANGE	
PAY LEVEL				
SALARY				
	Hourly	Bi-weekly	Hourly	Bi-weekly
S.O. DIVISION OR REGION:			NO CHANGE	
S.O. SECTION OR PARISH			NO CHANGE	

JUSTIFICATION STATEMENT BY IMMEDIATE SUPERVISOR	
<p>I CERTIFY THAT THE EMPLOYEE IS INDEPENDENTLY PERFORMING JOB DUTIES AND DEMONSTRATING THE FULL PERFORMANCE AS REQUIRED BY THE JOB SPECIFICATIONS. THE EMPLOYEE'S JOB PERFORMANCE IS SATISFACTORY IN ALL AREAS AND HE/SHE SHOULD THEREFORE BE PLACED AT THE HIGHER LEVEL OF THE CAREER PROGRESSION GROUP (IF APPLICABLE).</p>	
<p>RECOMMENDED BY: _____</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> First Line Supervisor Signature & Job Title Date </div>	

(This signature line must be completed.)

Employee Name:		Personnel #:	
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REQUIRED SIGNATURES & APPROVALS	
<div><input type="checkbox"/> Concur</div> <div><input type="checkbox"/> Disapproved</div>	
Comments: _____	
1 st Level Approver:	_____
Next Line Supervisor and Job Title	Date
<div><input type="checkbox"/> Concur</div> <div><input type="checkbox"/> Disapproved</div>	
Comments: _____	
2 nd Level Approver:	_____
Regional Manager/Division/Bureau Director Signature	Date
(If 2 nd Level Approver is also the delegated Appointing Authority, then only sign on Appointing Authority line.)	
APPOINTING AUTHORITY DECISION	
<div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div>	
Comments: _____	
Final Approver:	_____
Appointing Authority or Designee's Signature	Date

HUMAN RESOURCES SECTION USE ONLY		
EMPLOYEE MEETS MINIMUM QUALIFICATION REQUIREMENTS	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ORGANIZATIONAL MANAGEMENT MAINTAINED IN ISIS-HR	<input type="checkbox"/> Yes	<input type="checkbox"/> No
REALLOCATION ENTERED INTO ISIS-HR	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ALL REQUIREMENTS OF ARTICLE X, CIVIL SERVICE RULES, UNIFORM CLASSIFICATION AND PAY PLANS AND POLICIES AND PROCEDURES ISSUED BY THE CIVIL SERVICE DIRECTOR HAVE BEEN MET.		
CERTIFIED BY:	_____	_____
HUMAN RESOURCES STAFF MEMBER		Date